

SBI APPLICANT AUTHORIZATION AND RELEASE FORM

8-1-06

TO WHOM IT MAY CONCERN:

I, _____, SSN _____,
PRINT Last Name First Middle Maiden

have applied for a position with the North Carolina State Bureau of Investigation (SBI) and hereby consent to a comprehensive background investigation as to my moral character, professional reputation and fitness for this position. I am aware that the investigation will cover my previous employment record, criminal history, credit history and educational background.

I hereby authorize and request any person having control of any documents including, but not limited to: criminal and court records, employment records, school records, credit records (whether privileged or not) that pertain to me, to furnish such documents to the SBI. I understand that the investigative process requires the SBI to receive and release my social security account number for the purpose of assessing or verifying pertinent information, and I authorize such receipt and release. **I understand that I will not receive, and am not entitled to, a copy of the report or to know its contents.**

This authorization shall serve as a release of liability to all parties furnishing such information during the comprehensive background investigation conducted by the SBI. A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Signature of Applicant

Date

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, 20__.

Signature of Notary Public

My Commission Expires: _____

(Notary Seal)

HR-6

